PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number					
Effective October 1, 2000									69895450					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN			
Ľ	OTAL CLAIMS		36					RATE	F	EE]	RATE	FEE	
F	OR	NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE		5.00	OR	Basic Fee	710.00		
-	OTAL CHARGE	36m	3 6 minus 20=		16		X\$ 9=			OR	X\$18=	788		
_	DEPENDENT C		1 7	← minus 3 =		. 3		X40=			OR	X80=	242	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	1		1	+270=	7.7	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	+-		OR			
2/1, /os CLAIMS AS AMENDED - PART II										_	OR	TOTAL	1238	
7	(Column 1) (Column 2) (Column 3							SMAL	LENT	TY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER XUSLY	PRESENT EXTRA		RATE	AD TIO FE	NAL		RATE	ADDI- TIONAL FEE	
END	Total	. 24	Minus.	1.39	6	- /		X\$ 9=			ÔR	X\$18=	9	
₹	Independent	NTATION OF M	Minus	*** (2	-		X40=			OR	X80=	í	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									17		OR	+270 =	-	
,								TOYA			OR	TOTAL ADDIT, FEE		
	Marine 13 and marin con-	(Column 1) 7-5-05 (Column 2) (Column									•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADI TIOI FE	VAL		RATE	ADDI- TIONAL FEE	
<u>چ</u>	Total	· 24	Minus	. 3	6		I	X\$ 9=			OR	X\$18=		
AME	Independent	NTATION OF MI	Minus	PENDENT	G AIM		Ī	X40=			OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+270=		
•											OR ,	YOYAL ODIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)		DDIT. FEE			•			
AMENDINENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADD TION FEI	AL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	r	X\$ 9=		\neg	OR	X\$18=		
	Independent	•	Minus	***		=		X40=	 	7	ŀ			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	X80=		
+135= OR +270=														
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OFT. FEE														
T	he "Highest Numi	ber Previously Pak	For (Total or	o orruge is Independen	ress than ii) is the i	i 3, enser "3." highest number			propriati	box i			,	